

CAPITAL GUARDIANS

COMMISSIONING APPLICATION GUIDE

Last updated 6 Feb 2015



**District of Columbia
Air National Guard**

THE DISTRICT OF COLUMBIA AIR NATIONAL GUARD IS AN EQUAL OPPORTUNITY EMPLOYER. All applicants will be considered without regard to gender, race, creed, color, sexual orientation, or ethnic background.

Basic Prequalification Standards

Age Requirement

Line Officer applicants must be commissioned prior to their 35th birthday. Exception to policy can be requested for applicants with prior service but they must be commissioned prior to their 40th birthday.

**Applicants other than Line Officers - Different age requirements exist for Pilot candidates, Health Professionals, Judge Advocates, and Chaplains

Education Requirement

A baccalaureate or higher degree from an educational institution listed in the current Accredited Institutions of Post-Secondary Education is required for all appointments unless waived. To be eligible for a degree waiver, applicants must possess a consolidated transcript from an accredited four-year degree granting institution and must meet the minimum GPA requirements listed below. Waivers are not automatic or guaranteed. The commander must be willing to submit the waiver and the Adjutant General (or designee) is the approval authority.

Table 3.3. GPA Requirements for Non-College Graduates

R U L E	A	B
	If the applicant has completed	The minimum acceptable GPA is:
1	90 but less than 105 semester hours or 135 but less than 157 quarter hours	2.30
2	105 but less than 120 semester hours or 157 but less than 180 quarter hours	2.20
3	120 or more semester hours or 180 or more quarter hours	2.10

Air Force Officer Qualifying Test (AFOQT)

The Air Force Officer Qualifying Test is similar to the ACT or SAT exam. Study guides are available at most bookstores and libraries. **You may only take this test twice during your lifetime** (i.e., if you are unhappy with your initial test scores, you are allowed to retest one more time). There must be at least 180 days between tests. The most recent test scores are the ones that are valid (i.e., if you test a second time and receive a lower score in an area, you may not use the test score from the first test).

Minimum Required Scores for *College Graduates*: Quantitative 10 Verbal 15

Minimum Required Scores for *Non-College Graduates*: Quantitative 25 Verbal 30

AFOQT Prep Material and Locations

For information about the TBAS please go to the link below:

<http://access.afpc.af.mil/pcsmdmz/AFOQTPrepMaterials.htm> (Prep Materials)

<http://access.afpc.af.mil/pcsmdmz/TBASLocations.html> (TBAS test locations also offer the AFOQT)

JOINT BASE ANDREWS, MD TESTING INFORMATION:

POINT OF CONTACT:

Miss Nancy Floyd

Military Test Control Officer (1185/9020)

nancy.floyd3.civ@mail.mil

Comm 301-981-5135

DSN: 858-5135

11 FSS/FSDEMT

1642 Brookley Ave Ste 005

Joint Base Andrews, MD 20762-6401

FAX: 301-981-7510

Office Hours: 0700 – 1600

The AFOQT will be administered on the following dates in 2015: 8 Jan, 5 Feb, 5 Mar, 2 Apr, 7 May, 4 Jun, 2 Jul, 6 Aug, 3 Sep, 8 Oct, 5 Nov, 3 Dec at 0730 in Bldg 1413, Room 208.

Please note that it can take 2-3 week for test results to come back.

To schedule a test, please submit the following information by e-mail to Miss Floyd **NLT 3 duty days prior to test date**.

Full name:

SSN:

Date to be administered the test:

Have you taken the test before, if yes, where and date of test:

Email your request to nancy.floyd3.civ@mail.mil. POC Miss Floyd, 301-981-5135.

Don't forget to also email 113WG.DCANG.COMMISSION@ANG.AF.MIL **only if you need an escort** onto Joint Base Andrews because you do not have a military ID!!

Interview/Selection Board

The board is held at the 113th Wing at Joint Base Andrews, MD. Interviews will be scheduled approximately one month in advance. Personnel who are selected for an interview will be contacted through e-mail or telephone. Travel, lodging, meals and any other expenses associated with visits to the 113th Wing to complete the application and selection process are the responsibility of the candidate. If selected, all expenses associated with travel to Maryland for processing purposes are also at your own expense until you are qualified for and enlisted as a member of the District of Columbia Air National Guard.

Interviews *may* be held during the workweek or on a weekend. A typical interview would begin with board member introductions, an explanation of the application process, then questions from each board member. Prepare for this interview the same way you would for any job interview. After the interview, the most qualified candidate will be contacted and offered a position with the DCANG.

What to Expect if Selected

If selected, you will be required to complete paperwork that will include documentation for a security clearance investigation as well as an appointment physical. Once the physical is completed and approved by the State Air Surgeon, you will enlist in the unit. Prior service and current unit members will retain their current rank while non-prior service will join/enlist as an E-3. When the appointment packet is completed, it will be submitted to the National Guard Bureau (NGB) for temporary appointment approval. Upon receipt of temporary appointment approval you will apply for an Academy of Military Science (AMS) school date. Upon graduation from AMS you will be appointed the rank of Lieutenant and prepare to go to technical training. ***It is important to keep all of the information in this section in mind as you are making current or future employers aware of your requirements with the Air National Guard.***

An important thing to remember is that when you are selected for appointment, ***you are hired as a traditional guard member and should not anticipate full-time employment after training.*** Fulltime opportunities must be applied for separate from this selection process and can be found at the following location:

www.113wg.ang.af.mil/careers/

Pay

During your training, you will be paid at the rank of E-5 or your current rank, whichever is higher. Once you graduate AMS you will be paid at the appointed officer rank.

SUBMITTING YOUR APPLICATIONS

All application items must be consolidated into a SINGLE PDF file. DO NOT PUT IN “PDF PORTFOLIO” FORMAT.

- PDF filename should be 2015LastNameFirstNameMiddleInitial
- Example – 2015EdmondsKJ

Scan and upload your application to 113WG.DCANG.COMMISSION@ANG.AF.MIL using the following website: <https://safe.amrdec.army.mil/safe/>

Use the Non-CAC Users option if you do not have a Common Access Card (CAC)

The email address to give access to your file will be:

113WG.DCANG.COMMISSION@ANG.AF.MIL

****Be sure to check the box that notifies you when file downloads are completed. This will be your ONLY acknowledgement that we have received your package. Save the notification email as your receipt. Please do not email to inquire on receipt of your package. No other submission methods will be accepted.**

****To receive consideration for an interview, your COMPLETE package must arrive no later than the close of business on the published deadline date. Your package must be COMPLETE or it will NOT be considered for an interview.**

HAVE QUESTIONS???

SEND ALL INQUIRIES TO:

113WG.DCANG.COMMISSION@ANG.AF.MIL

COMMISSIONING BOARD APPLICATION CHECKLIST

- _____ ANG Officer Application Worksheet
- _____ AF Form 24, Application for Appointment as Reserve of the Air Force
- _____ Cover letter and Resume
- _____ Letters of Recommendation
- _____ ANG Officer Application Statement of Understanding
- _____ ANGI36-2005, Attachment 2, Statement of Agreement and Understanding
- _____ AF Form 2030, Drug and Alcohol Abuse Certificate
- _____ Official AFOQT scores – <https://w20.afpc.randolph.af.mil/afoqtsnet20/DODBanner.aspx>
- _____ Official College Transcripts. Must be able to provide original upon selection.
- _____ Statement of Intent to Graduate (if applicable)
- _____ DD Form, 785, Record of Disenrollment from Officer Candidate – Type Training (if applicable)
- _____ Certificate of Air Force ROTC completion (if applicable)
- _____ AF Form 883, Privacy Act Form

ADDITIONAL REQUIREMENTS FOR CURRENT AF/ANG/AFRES

- _____ JPAS Security Clearance Letter from Security Manager
- _____ Personal Individual Medical Readiness (PIMR) printout found on the AF Portal > Featured Links > Fitness & Health > Medical Readiness-Deployment Health > My Individual Medical Readiness Status
- _____ Passing Fitness Test results within the last 12 months found on the AF Portal > Featured Links > AFFMS-AF Fitness Management System
- _____ Current Personnel RIP Sheet found on the AF Portal > Virtual MPF > Record Review/Update > View/Print All Pages.

ADDITIONAL REQUIREMENTS FOR CURRENT OFFICERS


- (Note: Must be commissioned less than 5yrs and be able to ENTER/START UPT training before age 30)
- _____ All Officer Performance Reports

Date of Request

AFRISS APP ID

ANG Officer Application Worksheet

The information herein is for Official Use Only (FOUO) which must be protected under the Privacy Act of 1974 as amended. Unauthorized disclosure or misuse of this Personal Information may result in criminal and/or civil penalties.



Last Name

First Name

Middle

☐ Full Time Hire

DOB

Email

Phone #

Date ANG Officer Selection

ISR/JBR/DOR Last Name

ISR/JBR/DOR First Name

ISR/JBR/DOR State

AFOQT Date

Verbal

Aptitude

Quantitative

Pilot

Navigator

MSC Applicants

GRE

GMAT

Experience

Category

Program

Paygrade

Current AFSC/MOS/RATE

Education

Degree Level

Degree Type

Civilian Medical Speciality

Physical

Date of Physical

Type of

US Citizen

Waiver Info

☐ Waiver Required

Type

Moral Category Level

Waiver Explanation

AFSC Desired

☐ Space, Missile, and C2 (13XX)

☐ Operations Support (16XX)

☐ Security Forces (31XX)

☐ Force Support (38XX)

☐ BioMed Spec (43XX) (Phar, PH)

☐ Nurse (46XX)

☐ Law (51XX) (JAG)

☐ Contracting (64XX)

☒ Pilot (11XX)

☐ Intelligence (14XX)

☐ Cyber Operations (17XX)

☐ Civil Engineer (32XX)

☐ Health Services (41XX)

☐ Physician (44XX)

☐ Dental (47XX)

☐ Chaplain (52XX)

☐ FM (65XX)

☐ Navigator (12XX)

☐ Weather (15XX)

☐ Logistics (21XX) (Maintenance)

☐ Public Affairs (35XX)

☐ BioMed Clinician (42XX) (Opt, PA)

☐ Surgery (45XX) (Aneth, Ortho)

☐ Aerospace Medicine (48XX)

☐ Scientific (61XX) Dev Eng (62XX)

☐ Insp General (87XX)

Select Desired Location

☐ ANY LOCATION

☐ MA Otis ANG

☐ NE Lincoln

☐ OR Portland

☐ TX Beaumont

☐ AK Eielson

☐ CO Colorado Springs

☐ HI Kekaha

☐ MA Westfield

☐ NE Offutt AFB

☐ OR Salem

☐ TX Dallas

☐ AK Ft Richardson

☐ CO Greeley

☐ HI Waimea

☐ MD Baltimore

☐ NH Pease ANG

☐ OR Warrenton

☐ TX Ellington ARB

☐ AK Anchorage

☐ CT East Granby

☐ HI Wheeler AAF

☐ ME Augusta

☐ NJ Atlantic City

☐ PA Coraopolis

☐ TX Fort Bliss

☐ AL Birmingham

☐ CT Orange

☐ IA Des Moines

☐ ME Bangor

☐ NJ McGuire AFB

☐ PA Ft Indiantown

☐ TX Fort Worth

☐ AL Dothan

☐ DC Andrews AFB

☐ IA Ft Dodge

☐ ME Portland

☐ NM Kirtland AFB

☐ PA Harrisburg

☐ TX Garland

☐ AL Montgomery

☐ DE New Castle

☐ IA Sioux City

☐ MI Alpena

☐ NV Reno

☐ PA Johnstown

☐ TX Houston

☐ AR Camp Robinson

☐ FL Jacksonville

☐ ID Boise

☐ MI Battle Creek

☐ NY Niagara Falls

☐ PA Middletown

☐ TX La Porte

☐ AR Fort Smith

☐ FL Macdill AFB

☐ ID Mountain Home

☐ MI Lansing

☐ NY Rome

☐ PA Pittsburgh

☐ TX Lackland

☐ AR Little Rock

☐ FL Patrick AFB

☐ IL Springfield

☐ MI Selfridge ANG

☐ NY Schenectady

☐ PA State College

☐ TX Randolph

☐ AZ Davis Monthan

☐ FL Saint Augustine

☐ IL Peoria

☐ MN Duluth

☐ NY Stewart AFB

☐ PA Willow Grove

☐ UT Salt Lake City

☐ AZ Phoenix

☐ FL Starke

☐ IL Scott AFB

☐ MN St Paul

☐ NY Syracuse

☐ PR Aguadilla

☐ VA Langley AFB

☐ AZ Tucson

☐ FL Tyndall AFB

☐ IN Fort Wayne

☐ MO Bridgeton

☐ NY West Hampton

☐ PR Carolina

☐ VA Sandston

☐ CA Beale

☐ GA Brunswick

☐ IN Terre Haute

☐ MO St Joseph

☐ OH Cincinnati

☐ PR Toa Baja

☐ VI Kingshill

☐ CA Fresno

☐ GA Dobbins AFB

☐ IN Indianapolis

☐ MO Whiteman AFB

☐ OH Columbus

☐ RI Coventry

☐ VT Burlington

☐ CA March ARB

☐ GA Garden City

☐ KS Salina

☐ MS Gulfport

☐ OH Mansfield

☐ RI N Smithfield

☐ WA Camp Murray

☐ CA Moffett Field

☐ GA Marietta

☐ KS Topeka

☐ MS Meridian

☐ OH Port Clinton

☐ RI Quonset

☐ WA Fairchild AFB

☐ CA North Highlands

☐ GA Robins AFB

☐ KS Wichita

☐ MS Jackson

☐ OH Springfield

☐ SC McEntire ANG

☐ WI Madison

☐ CA Port Hueneme

☐ GA Savannah

☐ KY Louisville

☐ MT Great Falls

☐ OH Swanton

☐ SD Sioux Falls

☐ WI Milwaukee

☐ CA Sacramento

☐ GU Anderson AFB

☐ LA Alexandria

☐ MT Helena

☐ OH Zanesville

☐ TN Chattanooga

☐ WI Volk Field

☐ CA San Diego

☐ HI Hickam AFB

☐ LA Hammond

☐ MT Malmstrom AFB

☐ OK Ft Sill

☐ TN McGhee Tyson

☐ WV Charleston

☐ CA Van Nuys

☐ HI Hilo

☐ LA New Orleans

☐ NC Charlotte

☐ OK Oklahoma City

☐ TN Memphis

☐ WV Martinsburg

☐ CA Vandenberg AFB

☐ HI Kahului

☐ LA Pineville

☐ NC New London

☐ OK Tulsa

☐ TN Nashville

☐ WY Cheyenne

☐ CO Buckley AFB

☐ HI Kapolei

☐ MA Milford

☐ ND Fargo

☐ OR Klamath Falls

☐ TX Austin

A1YO WS 1
Officer Worksheet 20120612

Date of Request	
AFRISS APP ID	

ANG Officer Application Worksheet

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Last Name		First Name		Middle		<input type="checkbox"/> Full Time Hire										
DOB		Email		Phone #		Date ANG Officer Selection										
ISR/JBR/DOR Last Name		ISR/JBR/DOR First Name		ISR/JBR/DOR State												
AFOQT Date		Verbal		Aptitude		Quantitative		Pilot		Navigator		MSC Applicants	GRE		GMAT	

Experience	Category		Program		Paygrade		Current AFSC/MOS/RATE	
	Degree Level		Degree Type		Civilian Medical Speciality			
Physical	Date of Physical		Type of Physical		US Citizen			
	<input type="checkbox"/> Waiver Required	Type		Moral Category Level		Waiver Explanation		

AFSC Desired	<input type="checkbox"/> Space, Missile, and C2 (13XX)	<input type="checkbox"/> Operations Support (16XX)	<input type="checkbox"/> Security Forces (31XX)	<input type="checkbox"/> Force Support (38XX)	<input type="checkbox"/> BioMed Spec (43XX) (Phar, PH)	<input type="checkbox"/> Nurse (46XX)	<input type="checkbox"/> Law (51XX) (JAG)	<input type="checkbox"/> Contracting (64XX)
<input type="checkbox"/> Pilot (11XX)	<input type="checkbox"/> Intelligence (14XX)	<input type="checkbox"/> Cyber Operations (17XX)	<input type="checkbox"/> Civil Engineer (32XX)	<input type="checkbox"/> Health Services (41XX)	<input type="checkbox"/> Physician (44XX)	<input type="checkbox"/> Dental (47XX)	<input type="checkbox"/> Chaplain (52XX)	<input type="checkbox"/> FM (65XX)
<input type="checkbox"/> Navigator (12XX)	<input type="checkbox"/> Weather (15XX)	<input type="checkbox"/> Logistics (21XX) (Maintenance)	<input type="checkbox"/> Public Affairs (35XX)	<input type="checkbox"/> BioMed Clinician (42XX) (Opt, PA)	<input type="checkbox"/> Surgery (45XX) (Aneth, Ortho)	<input type="checkbox"/> Aerospace Medicine (48XX)	<input type="checkbox"/> Scientific (61XX) Dev Eng (62XX)	<input type="checkbox"/> Insp General (87XX)

Select Desired Location			<input type="checkbox"/> ANY LOCATION	<input type="checkbox"/> MA Otis ANG	<input type="checkbox"/> NE Lincoln	<input type="checkbox"/> OR Portland	<input type="checkbox"/> TX Beaumont
<input type="checkbox"/> AK Eielson	<input type="checkbox"/> CO Colorado Springs	<input type="checkbox"/> HI Kekaha	<input type="checkbox"/> MA Westfield	<input type="checkbox"/> NE Offutt AFB	<input type="checkbox"/> OR Salem	<input type="checkbox"/> TX Dallas	
<input type="checkbox"/> AK Ft Richardson	<input type="checkbox"/> CO Greeley	<input type="checkbox"/> HI Waimea	<input type="checkbox"/> MD Baltimore	<input type="checkbox"/> NH Pease ANG	<input type="checkbox"/> OR Warrenton	<input type="checkbox"/> TX Ellington ARB	
<input type="checkbox"/> AK Anchorage	<input type="checkbox"/> CT East Granby	<input type="checkbox"/> HI Wheeler AAF	<input type="checkbox"/> ME Augusta	<input type="checkbox"/> NJ Atlantic City	<input type="checkbox"/> PA Coraopolis	<input type="checkbox"/> TX Fort Bliss	
<input type="checkbox"/> AL Birmingham	<input type="checkbox"/> CT Orange	<input type="checkbox"/> IA Des Moines	<input type="checkbox"/> ME Bangor	<input type="checkbox"/> NJ McGuire AFB	<input type="checkbox"/> PA Ft Indiantown	<input type="checkbox"/> TX Fort Worth	
<input type="checkbox"/> AL Dothan	<input type="checkbox"/> DC Andrews AFB	<input type="checkbox"/> IA Ft Dodge	<input type="checkbox"/> ME Portland	<input type="checkbox"/> NM Kirtland AFB	<input type="checkbox"/> PA Harrisburg	<input type="checkbox"/> TX Garland	
<input type="checkbox"/> AL Montgomery	<input type="checkbox"/> DE New Castle	<input type="checkbox"/> IA Sioux City	<input type="checkbox"/> MI Alpena	<input type="checkbox"/> NV Reno	<input type="checkbox"/> PA Johnstown	<input type="checkbox"/> TX Houston	
<input type="checkbox"/> AR Camp Robinson	<input type="checkbox"/> FL Jacksonville	<input type="checkbox"/> ID Boise	<input type="checkbox"/> MI Battle Creek	<input type="checkbox"/> NY Niagara Falls	<input type="checkbox"/> PA Middletown	<input type="checkbox"/> TX La Porte	
<input type="checkbox"/> AR Fort Smith	<input type="checkbox"/> FL Macdill AFB	<input type="checkbox"/> ID Mountain Home	<input type="checkbox"/> MI Lansing	<input type="checkbox"/> NY Rome	<input type="checkbox"/> PA Pittsburgh	<input type="checkbox"/> TX Lackland	
<input type="checkbox"/> AR Little Rock	<input type="checkbox"/> FL Patrick AFB	<input type="checkbox"/> IL Springfield	<input type="checkbox"/> MI Selfridge ANG	<input type="checkbox"/> NY Schenectady	<input type="checkbox"/> PA State College	<input type="checkbox"/> TX Randolph	
<input type="checkbox"/> AZ Davis Monthan	<input type="checkbox"/> FL Saint Augustine	<input type="checkbox"/> IL Peoria	<input type="checkbox"/> MN Duluth	<input type="checkbox"/> NY Stewart AFB	<input type="checkbox"/> PA Willow Grove	<input type="checkbox"/> UT Salt Lake City	
<input type="checkbox"/> AZ Phoenix	<input type="checkbox"/> FL Starke	<input type="checkbox"/> IL Scott AFB	<input type="checkbox"/> MN St Paul	<input type="checkbox"/> NY Syracuse	<input type="checkbox"/> PR Aguadilla	<input type="checkbox"/> VA Langley AFB	
<input type="checkbox"/> AZ Tucson	<input type="checkbox"/> FL Tyndall AFB	<input type="checkbox"/> IN Fort Wayne	<input type="checkbox"/> MO Bridgeton	<input type="checkbox"/> NY West Hampton	<input type="checkbox"/> PR Carolina	<input type="checkbox"/> VA Sandston	
<input type="checkbox"/> CA Beale	<input type="checkbox"/> GA Brunswick	<input type="checkbox"/> IN Terre Haute	<input type="checkbox"/> MO St Joseph	<input type="checkbox"/> OH Cincinnati	<input type="checkbox"/> PR Toa Baja	<input type="checkbox"/> VI Kingshill	
<input type="checkbox"/> CA Fresno	<input type="checkbox"/> GA Dobbins AFB	<input type="checkbox"/> IN Indianapolis	<input type="checkbox"/> MO Whiteman AFB	<input type="checkbox"/> OH Columbus	<input type="checkbox"/> RI Coventry	<input type="checkbox"/> VT Burlington	
<input type="checkbox"/> CA March ARB	<input type="checkbox"/> GA Garden City	<input type="checkbox"/> KS Salina	<input type="checkbox"/> MS Gulfport	<input type="checkbox"/> OH Mansfield	<input type="checkbox"/> RI N Smithfield	<input type="checkbox"/> WA Camp Murray	
<input type="checkbox"/> CA Moffett Field	<input type="checkbox"/> GA Marietta	<input type="checkbox"/> KS Topeka	<input type="checkbox"/> MS Meridian	<input type="checkbox"/> OH Port Clinton	<input type="checkbox"/> RI Quonset	<input type="checkbox"/> WA Fairchild AFB	
<input type="checkbox"/> CA North Highlands	<input type="checkbox"/> GA Robins AFB	<input type="checkbox"/> KS Wichita	<input type="checkbox"/> MS Jackson	<input type="checkbox"/> OH Springfield	<input type="checkbox"/> SC McEntire ANG	<input type="checkbox"/> WI Madison	
<input type="checkbox"/> CA Port Hueneme	<input type="checkbox"/> GA Savannah	<input type="checkbox"/> KY Louisville	<input type="checkbox"/> MT Great Falls	<input type="checkbox"/> OH Swanton	<input type="checkbox"/> SD Sioux Falls	<input type="checkbox"/> WI Milwaukee	
<input type="checkbox"/> CA Sacramento	<input type="checkbox"/> GU Anderson AFB	<input type="checkbox"/> LA Alexandria	<input type="checkbox"/> MT Helena	<input type="checkbox"/> OH Zanesville	<input type="checkbox"/> TN Chattanooga	<input type="checkbox"/> WI Volk Field	
<input type="checkbox"/> CA San Diego	<input type="checkbox"/> HI Hickam AFB	<input type="checkbox"/> LA Hammond	<input type="checkbox"/> MT Malmstrom AFB	<input type="checkbox"/> OK Ft Sill	<input type="checkbox"/> TN McGhee Tyson	<input type="checkbox"/> WV Charleston	
<input type="checkbox"/> CA Van Nuys	<input type="checkbox"/> HI Hilo	<input type="checkbox"/> LA New Orleans	<input type="checkbox"/> NC Charlotte	<input type="checkbox"/> OK Oklahoma City	<input type="checkbox"/> TN Memphis	<input type="checkbox"/> WV Martinsburg	
<input type="checkbox"/> CA Vandenberg AFB	<input type="checkbox"/> HI Kahului	<input type="checkbox"/> LA Pineville	<input type="checkbox"/> NC New London	<input type="checkbox"/> OK Tulsa	<input type="checkbox"/> TN Nashville	<input type="checkbox"/> WY Cheyenne	
<input type="checkbox"/> CO Buckley AFB	<input type="checkbox"/> HI Kapolei	<input type="checkbox"/> MA Milford	<input type="checkbox"/> ND Fargo	<input type="checkbox"/> OR Klamath Falls	<input type="checkbox"/> TX Austin		

APPLICATION FOR APPOINTMENT AS RESERVE OF THE AIR FORCE OR USAF WITHOUT COMPONENT										OMB NO. 0701-0096	
APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE			FEDERAL RECOGNITION AND APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE				APPOINTMENT AS A USAF MEMBER WITHOUT COMPONENT				
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p><i>AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; Executive Order 9397 (SSN), as amended.</i></p> <p><i>PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFR) or in the USAF without component. Use of SSN is necessary to make positive identification of an applicant and his or her records.</i></p> <p><i>ROUTINE USE: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).</i></p> <p><i>DISCLOSURE: Disclosure is voluntary. If information is not provided, all further processing is terminated.</i></p>											
<p style="text-align: center;">AGENCY DISCLOSURE STATEMENT</p> <p>Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350 -3100 (0701-0096). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>											
<p style="text-align: center;">INSTRUCTIONS</p> <p>Complete this form in two copies. Use typewriter or print clearly in ink. Sign each copy separately. Check the type of appointment, under the form title, for which you are applying. Upon termination from active duty, travel entitlements are based on the information you enter in item 6, "Home of Record (HOR)." Once recorded, the HOR may not be changed. If additional space is required, continue in item 33, "Remarks."</p>											
1. TO :							2. SPECIALTY				
3. FROM: (Last, First, Middle Initial)						4. SSN		5. DATE OF BIRTH (YYYYMMDD)			
6. HOME OF RECORD(HOR) (Include ZIP Code and 4 digit) (If a postal box include your street address)						7. PLACE OF BIRTH (City, State, Country)					
8. MAILING ADDRESS (If other than HOR, include ZIP Code and 4 digit) (If a postal box include your street address)						9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address)					
10. MARITAL STATUS		<input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED TO MILITARY MEMBER		<input type="checkbox"/> MARRIED TO CIVILIAN		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you)		12. U.S. CITIZEN		<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, check appropriate item)		BIRTH		NATURALIZED			
IF YOU ARE U.S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT											
13. I UNDERSTAND I AM BEING CONSIDERED FOR APPOINTMENT:											
<input type="checkbox"/> To fill an active force requirement and agree to remain on active duty for the period specified in pertinent instructions (AFIs 36-2008, 36-2011 and 36-2107).											
My geographic preference of assignment is:			I will be available to enter active duty on:			<input type="checkbox"/> I do <input type="checkbox"/> I do not		Require at least 30 days notice to enter active duty.			
<input type="checkbox"/> To fill an authorized position vacancy in the Ready Reserve.											
INITIALS		I further understand that if I have not previously incurred a military service obligation (MSO), that I will incur an MSO and I have been briefed on what my MSO will be.									
INITIALS		I have been briefed on my responsibility to participate in the Air Force Direct Deposit Program within 60 days of arrival at my first permanent duty station.									
INITIALS		I have been briefed on the contents of the application briefing item on separation policy..									
14. EDUCATION											
TYPE OF SCHOOL	NAME OF SCHOOL	DATES ATTENDED		MAJOR SUBJECT	NO. YRS COMPL	GRAD		TYPE OF DEGREE			
		FROM (YMD)	TO (YMD)			Y	N				
SECONDARY AND OTHER											
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.											
MILITARY											
15. OTHER SUBJECTS SPECIALIZED IN (Include certification by American Specialty Boards and date of certification)											

16. PHYSICIANS ONLY <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT DESIRE TRAINING IN AVIATION MEDICINE					
17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES <i>(Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)</i>					
DATES ATTENDED		HIGHEST GRADE	ORGANIZATION <i>(Type and Service)</i>	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (YMD) TO (YMD)					
18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>				19. WERE ALL DISCHARGES HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service)</i>					
21. WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRAL PROMOTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)</i>					
22. HAVE YOU EVER RECEIVED SEVERANCE PAY, OR SEPARATION PAY, OR READJUSTMENT PAY, OR VOLUNTARY SEPARATION INCENTIVE(VSI) OR SPECIAL SEPARATION BENEFIT(SSB) PAY WHEN RELEASED FROM ACTIVE DUTY OR DISCHARGED FROM ANY UNIFORMED SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please state when and where rejected, and cause)</i>					
24. HAVE YOU EVER APPLIED FOR A COMMISSION OR POSITION WITH ANY BRANCH OF THE ARMED SERVICES OR FEDERAL GOVERNMENT? IF SO, PLEASE EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If additional space is required, continue in "REMARKS")</i>					
25. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. <i>(If additional space is required, continue in "REMARKS" section)</i>					
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>		FULL TIME	PART TIME <i>(Hrs per week)</i>
POSITION AND DUTIES				REASON FOR TERMINATION	
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>		FULL TIME	PART TIME <i>(Hrs per week)</i>
POSITION AND DUTIES				REASON FOR TERMINATION	
FROM (YMD)	TO (YMD)	EMPLOYED BY <i>(Give name and address to include ZIP Code and 4 digit)</i>		FULL TIME	PART TIME <i>(Hrs per week)</i>
POSITION AND DUTIES				REASON FOR TERMINATION	
26. HAVE YOU EVER BEEN INVOLVED, ARRESTED, INDICTED, OR CONVICTED(INCLUDING PRETRIAL DIVERSION) FOR ANY VIOLATION OF CIVIL OR MILITARY LAW, INCLUDING NONJUDICIAL PUNISHMENT PURSUANT TO ARTICLE 15 OF THE UCMJ, OR MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)</i>					
OFFENSE	DATE <i>(YYYYMMDD)</i>	PLACE	AGE	DISPOSITION OF CHARGE	COURT

PAGE 3 OF 4 PAGES

ADDITIONAL COMMENTS OR EXPLANATIONS

**ITEM
NO.**

IDENTIFY THE ITEM NUMBER AND EXPLAIN IN THIS SPACE *(If additional space is required, use full sheets of paper. Write your name and SSN on each sheet.)*

1. "I have read and understand HQ USAFRS FS _____ *(initial)*

2. Short Notice Orders

"I have been briefed on and understand the following":

a. Shipment of household goods is dependent upon receipt of my active duty orders and availability of a common carrier arranged through a local military Traffic Management Office (TMO). _____ *(initial)*

b. If I receive my active duty orders less than 30 days from entering active duty, I may not be able to ship household goods prior to my departure for training at Maxwell/Gunter Air Force Base, Alabama, or my permanent duty station. If this causes undue hardship, I understand that a change to my reporting date may be requested _____ *(initial)*

c. Should I need to return to my current residence to ship household goods or pickup Family Members, I will be responsible for any travel expenses above those associated with traveling from Maxwell/Gunter Air Force Base, Alabama, to my permanent duty station. Also, any additional time taken over authorized travel time will be charged as leave _____ *(initial)*



YOUR UNIT LETTERHEAD

123 MILITARY DRIVE
CITY, ST ZIP

**THIS IS AN EXAMPLE COVER LETTER.
WE ARE NOT RECOMMENDING YOU USE THIS FORMAT
IF IT DOES NOT REFLECT YOU.**

Johnny K. Applicant
123 Apple Drive
City, ST 12345

DATE

Selection Board
123 Board Drive
City, ST 12345

Greetings Selection Board,

As a recent college graduate and a current employee of the U.S. Department of Defense, I am very excited to continue my future working with the ANG as a commissioned officer. I am very impressed with the mission of our organization and more specifically the opportunity available as an officer. I am writing to apply for your officer candidacy program.

As you can see from my resume, my skills and qualifications would make me an outstanding candidate. I am convinced my skills can make a difference to the ANG team. I am currently employed in the civilian sector as well as am an Air National Guardsman. I am certain my personal attributes and past experiences give me a unique perspective as an officer candidate and I would be honored to continue my Air Force career as such as officer.

Thank you for the opportunity to present myself and for your consideration in choosing me as the next Air National Guard officer. If you need to contact me to discuss my qualifications, please call me at (123) 456-7890 or email me at johnny.applicant@ang.af.mil.

Johnny K. Applicant

Johnny K. Applicant
SSgt, ANG

PERSONAL DATA

JOHNNY K. APPLICANT, SSgt, ANG

DOR: 12 Feb 2007

Comm: (123) 456-7890

Clearance: Secret

THIS IS AN EXAMPLE RESUME.

WE ARE NOT SUGGESTING YOU USE THIS FORMAT
IF IT DOES NOT REFLECT YOU.**OBJECTIVE/GOALS:**

To obtain and succeed in the position a commissioned officer.

EMPLOYMENT HISTORY

- April 2010 – Present **Military Communications Technician, Air National Guard**
Prepares military communications near and far to ensure only the best information is used to determine outstanding results. Trains and supervises 8 subordinates in the demanding field of military communications. Coordinates with internal and external customers to debrief military communications.
- Aug 2009 – Present **Statistician, Military Gizmo Company**
Creates military gizmos for every component of the military. Supports the field with research and development for the appropriate gizmos that fulfill and complete the military mission. Supervises 2 junior statisticians and a field office.
- Jun 2006 – April 2010 **Airman Duty, Air National Guard**
Researches and completes reports. Distributes and files internal and external correspondence to identified field units. Enforces internal procedures to ensure local operations run efficiently and concerns are handled at the functional level. Assists Sergeant Duty in compiling and analyzing projects in a highly efficient manner.
- Jun 2006 – Aug 2009 **Inventory Specialist, Generic Company USA**
Coordinates and distributes \$10,000,000 worth of inventory by using the Special Inventory Protocol (SIP) program.

EXAMPLE

PROFESSIONAL MILITARY EDUCATION

- 19 Aug 2009 USAF NCO Preparatory Course In-Residence, Distinguished Graduate

SIGNIFICANT AWARDS

- 10 Aug 2010 Honor Graduate, USAF Military Communications Technician Course

PERSONAL INTERESTS

My wife and two rambunctious children are the joy in my life. I am also completing my Master's degree and am projected to gain that in July 2013.

LETTERS
OF
RECOMMENDATION

ANG Officer Application Statement of Understanding		Applicant Initials
I, Johnny Applicant , understand that I am applying for a traditional, part-time officer position in the Air National Guard (ANG), and that application does not guarantee selection as an officer. Upon arrival of my application, my information will become available to the unit(s) that I have selected, and selection is accomplished at the unit level based on vacancies. I understand that the list of units I selected on the Worksheet will have access to my application upon approval, and I concur with this list. Selection at the unit level may include additional pre-qualification paperwork as well as possible interview(s) as the unit requires. I also understand that the full-time application process is separate from this application.		<i>JA</i>
If selected, I understand that I will be required to complete the application process with the Designated Officer Recruiter (DOR) for the unit/state of selection. This application is only a pre-qualification, and I understand that final approval will be made after a complete application is submitted to NGB/A1POP through the DOR. I also understand that my initial medical determination is only a pre-qualification, and that I will still have to complete the medical processing, and during this time I could be found medically disqualified. I understand that if I am medically disqualified, that waivers are case by case, and are not guaranteed.		<i>JA</i>
I understand that my application will expire 24 months from the date of submission, and that several forms may have expired and will need to be accomplished again upon selection. I also understand that it is my responsibility to communicate my intention to renew my application with the DOR. In addition, I understand that once my application is pre-qualified and I am waiting for unit selection that it is my responsibility to communicate with the DOR any new law violations, changes in medical status, and changes of intention to become an officer in the ANG.		<i>JA</i>
I understand that travel pay is not authorized for inactive training which includes drill weekends, and I have considered this when making my unit selections.		<i>JA</i>
JBR ONLY: I understand that I am applying for Position Number: Leave blank	Unit Leave blank State Leave blank	Leave blank

Johnny Applicant

Applicant Name

Applicant Signature

Johnny Applicant

Date

6/12/12

Designated O. Recruiter

DOR/ISR/JBR Name and Rank

DOR/ISR/JBR Signature

Designated O. Recruiter

Date

6/12/12

The information herein is for Official Use Only (FOUO) which must be protected under the Privacy Act of 1974 as amended. Unauthorized disclosure or misuse of this Personal Information may result in criminal and/or civil penalties.

ANG Officer Application Statement of Understanding

Applicant
Initials

I, , understand that I am applying for a traditional, part-time officer position in the Air National Guard (ANG), and that application does not guarantee selection as an officer. Upon arrival of my application, my information will become available to the unit(s) that I have selected, and selection is accomplished at the unit level based on vacancies. I understand that the list of units I selected on the Worksheet will have access to my application upon approval, and I concur with this list. Selection at the unit level may include additional pre-qualification paperwork as well as possible interview(s) as the unit requires. I also understand that the full-time application process is separate from this application.

If selected, I understand that I will be required to complete the application process with the Designated Officer Recruiter (DOR) for the unit/state of selection. This application is only a pre-qualification, and I understand that final approval will be made after a complete application is submitted to NGB/AIPOP through the DOR. I also understand that my initial medical determination is only a pre-qualification, and that I will still have to complete the medical processing, and during this time I could be found medically disqualified. I understand that if I am medically disqualified, that waivers are case by case, and are not guaranteed.

I understand that my application will expire 24 months from the date of submission, and that several forms may have expired and will need to be accomplished again upon selection. I also understand that it is my responsibility to communicate my intention to renew my application with the DOR. In addition, I understand that once my application is pre-qualified and I am waiting for unit selection that it is my responsibility to communicate with the DOR any new law violations, changes in medical status, and changes of intention to become an officer in the ANG.

I understand that travel pay is not authorized for inactive training which includes drill weekends, and I have considered this when making my unit selections.

JBR ONLY: I understand that I am applying for Position Number:

Unit

State

Applicant Name

Applicant Signature

Date

9/30/13

DOR/ISR/JBR Name and Rank

DOR/ISR/JBR Signature

Date

9/30/13

The information herein is for Official Use Only (FOUO) which must be protected under the Privacy Act of 1974 as amended. Unauthorized disclosure or misuse of this Personal Information may result in criminal and/or civil penalties.

Attachment 2**STATEMENT OF AGREEMENT AND UNDERSTANDING****(REQUIRED FOR ANGUS APPOINTMENT)**

In conjunction with my application for appointment, I certify that I understand and agree to the requirements I have initialed below:

____ 1. (LINE OFFICER APPLICANTS ONLY) I agree to attend the Air National Guard (ANG) Academy of Military Science prior to my appointment.

____ 2. (ALL APPLICANTS) Any formal training required for full qualification in the appointment specialty is considered a condition of appointment. I agree to enter that training within 18 months unless otherwise authorized in AFMAN 36-2105, *Officer Classification*, in which case, I agree to complete training within three years of my appointment. I understand that failure to attend such training or elimination from such training, may result in separation from the ANG.

____ 3. (INITIAL APPOINTMENT AS JUDGE ADVOCATE) I agree to attend the Commissioned Officer Training (COT) Course and the Judge Advocate Staff Officer Course within 12 months of my appointment as determined by the Judge Advocate General (HQ USAF/JA).

____ 4. (INITIAL APPOINTMENT AS CHAPLAIN) I agree to attend the COT Course and the Chaplain Orientation Course within 24 months of my appointment.

____ 5. (INITIAL APPOINTMENT OF HEALTH PROFESSIONALS) I agree to attend the Commissioned Officer Training Course within 12 months of my ANG appointment.

____ 6. (ALL APPLICANTS EXCEPT UNDERGRADUATE FLYING TRAINING {UFT}) I understand that my appointment is being accomplished prior to completion of the required security investigation. I further understand that if I fail to meet these requirements within 180 days from date of temporary federal recognition, I will be determined unacceptable for appointment as a commissioned officer, and will be discharged from my appointment and receive an Honorable Discharge Certificate.

____ 7. (ALL APPLICANTS) I certify that I [am] [am not] a Key Federal Employee. In the event I am identified as a Key Federal Employee, I understand I must present a certificate of availability from my civilian employment indicating that in the event of a partial or full mobilization, I will be available for active military duty.

____ 8. (INITIAL APPOINTMENT OF NON-COLLEGE GRADUATES IN LINE SPECIALTIES ONLY) I understand that as a condition of my appointment in the ANG:

I agree to obtain a bachelor's degree by the end of my fourth year of commissioned service. I further understand that if I do not complete a bachelor's degree by the end of my fourth year of commissioned service, I will be discharged from the ANG and as a Reserve of the Air Force in accordance with (IAW) AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

I understand to be eligible for position vacancy promotion to captain, I must possess a bachelor's degree.

I understand that I am not eligible to transfer to the United States Air Force (USAF) or Air Force Reserves (AFRES) until I have completed my degree requirement.

____ 9. (INITIAL APPOINTMENT OF NON-COLLEGE GRADUATES IN NURSE CORPS SPECIALTIES ONLY) I understand that as a condition of my appointment in the ANG:

I agree to obtain a Bachelor of Science degree with a major in Nursing (BSN) prior to my consideration for promotion to the grade of captain. The BSN degree must be completed no later than 1 May of the year in which the Promotion Board, for which I am first eligible for promotion to captain, convenes. I further understand that if I do not complete a bachelor's degree by the end of my fourth year of commissioned service, or upon my second consideration for mandatory promotion to captain, I will be discharged from the ANG and as a Reserve of the Air Force IAW AFI 36-3209.

I understand to be eligible for position vacancy promotion to captain, I must possess a bachelor's degree.

I understand that I am not eligible to transfer to the USAF or AFRES until I have completed my degree requirement.

____ 10. (HEALTH PROFESSIONAL APPLICANTS WHO HAVE 18 OR MORE YEARS OF CONSTRUCTIVE SERVICE CREDIT IAW AFI 36-2005, *Appointment in Commissioned Grades and Designation and Assignment in Professional Categories -- Reserve of the Air Force and United States Air Force*) I understand that appointment in the grade of lieutenant colonel requires approval by the Secretary of Defense and that this process may add several months to my application processing time. In the event that I otherwise qualify for appointment in the grade of lieutenant colonel, I hereby consent to and request appointment as a major, pending approval by the Secretary of Defense. In the event the Secretary of Defense does not approve my name, I understand that I may be honorably discharged from all appointments. **NOTE:** ANG, Directorate of Diversity, Personnel and Training (ANG/DP) will notify the State Headquarters of applicants who qualify for appointment as a lieutenant colonel.

____ 11. (CHAPLAINS, MEDICAL, DENTAL, NURSE, AND BIO-MEDICAL SCIENCE CORPS) I have been counseled and understand that I may request to be retained in an active status beyond my Mandatory Separation Date to enable me to obtain 20 satisfactory years of service or to age 67, whichever is earlier. I know that I must remain qualified for active status in an ANG or AFRES program; otherwise my status may be terminated under provisions of law or instruction prior to my reaching age 67.

____ 12. (INITIAL APPOINTMENT OF HEALTH PROFESSIONALS) I understand that I will be appointed in the Air National Guard. However, I will not be granted privileges to practice until medical credentials have been completed IAW AFI 44-119, *Clinical Performance Improvement*.

____ 13. (EARLY COMMISSIONING PROGRAM (ECP) APPLICANTS) I understand that I am applying for appointment in the ANG of the United States under the ECP for physicians. If approved for appointment, I will be appointed as a Health Service Administrator until such time as I complete medical school. Upon completion of my medical education, and if otherwise qualified, I will be reappointed as a physician. I further understand and agree:

I will serve with the ANG as directed, unless sooner relieved by competent authority, for a minimum period of four years from the date I am re-appointed as a physician. I further agree to remain a member of the Ready Reserve during the tenure of my appointment as an ANG officer.

If I fail to complete the requirement for award of a Doctor of Medicine or Doctor of Osteopathy degree acceptable to the Air Force Surgeon General, the Chief, National Guard Bureau, will then withdraw my federal recognition and I will be separated from the Air National Guard of the United States (ANGUS).

____ 14. (ALL APPLICANTS EXCEPT UFT) I agree to remain a member of the ANG of the United States for a period of four years from date of appointment. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

____ 15. (UPT/UPT-H APPLICANTS) I agree to remain a member of the ANG of the United States for a period of ten years from date of graduation from UPT. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

____ 16. (UNDERGRADUATE NAVIGATOR TRAINING (UNT) APPLICANTS) I agree to remain a member of the ANG of the United States for a period of six years from date of graduation from UNT. I understand that this service commitment will be served concurrently, unless otherwise specified, with any other service commitments I have or may incur.

____ 17. (APPLICANT'S RECEIVING SEVERANCE/SEPARATION PAY) I have been counseled and understand the following information from DoD 7000.14-R, *DoD Financial Management Regulation*.

“A member who has received Special Separation Benefit (SSB) and who later qualified for retired or retainer pay shall have deducted a portion of such retired or retainer pay until an amount equal to the gross amount of such SSB has been deducted. The portion deducted shall be equal to a fraction determined by dividing the years of service for which the member received SSB by the total years of service used in computing the members retired or retainer pay.”

____ 18. (ALL APPLICANTS) I certify I (am) (am not) a single parent with custody or joint custody of a dependent child. (See ANGI 36-2005, *Appointment of Officers in the Air National Guard of The United States and as Reserves of the Air Force*, Paragraph 2.17.)

____ 19. (ALL APPLICANTS) I certify I (am) (am not) married to another military member with dependents. (See ANGI 36-2005, Paragraph 2.17.)

____ 20. (ALL RATED APPLICANTS) I understand that I will not be authorized to perform flying duties until receipt of permanent federal recognition and valid aeronautical orders.

____ 21. (APPLICANTS UNABLE TO OBTAIN 20 YEARS OF SERVICE) I understand that I will not be able to obtain 20 satisfactory years of service towards military retirement. Therefore, I will not receive a retirement from the ANG.

(SIGNATURE)

(APPLICANTS TYPED NAME, SSN)

Subscribed and sworn to before me at _____ (location) on
_____ (date).

(SIGNATURE)

(TYPED NAME, GRADE OF WITNESS)

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE		
PRIVACY ACT STATEMENT		
<p>AUTHORITY: Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (SSN), as amended.</p> <p>PURPOSE: To determine enlistment/commissioning eligibility, and process qualified applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefits/entitlements.</p> <p>ROUTINE USES: Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act outside the DoD as a routine use. 'Blanket Routine Uses' apply.</p> <p>DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/commissioning application.</p>		
SECTION I. DEFINITION OF TERMS		
<p>ADVERSE ADJUDICATION: An adverse adjudication (<i>adult or juvenile</i>) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.</p> <p>AIR FORCE: Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.</p> <p>ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol. NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.</p> <p>DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.</p> <p>ILLEGAL DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but not limited to: cocaine, crack, hallucinogens, (<i>to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others</i>), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (<i>paint, glue, and others</i>), amphetamines (<i>speed</i>), methamphetamines (<i>ice</i>), barbiturates (<i>downers</i>) and anabolic steroids.</p> <p>MARIJUANA: Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salviadivinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatever name it may be called.</p>		
SECTION II. CERTIFICATION AT TIME OF APPLICATION		
<p>WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED. Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.</p>		
INITIAL YES/NO BOXES AS APPLICABLE	YES	NO
I have read and understand the definition of the terms above.	<i>JKH</i>	
Have you ever used or experimented with marijuana? (<i>Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.</i>)		<i>JKH</i>
Have you ever experimented with, used, or possessed any illegal drug or narcotic?		<i>JKH</i>
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		<i>JKH</i>
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		<i>JKH</i>
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		<i>JKH</i>
SECTION III. STATEMENTS OF UNDERSTANDING		INITIALS
During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (<i>including marijuana</i>) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.		<i>JKH</i>
Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (<i>including marijuana</i>) or any alcohol abuse as described above, FROM THIS DATE FORWARD , renders me ineligible for the Air Force.		<i>JKH</i>
Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.		<i>JKH</i>
I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.		<i>JKH</i>
<p>KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.</p>		
DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
20121212	Applicant, Johnny K. 123-45-6789	<i>Johnny K. Applicant</i>

WITNESS		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE 20121212	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS Recruiter, Designated O. E-6	SIGNATURE <i>Designated O. Recruiter</i> Or if electronic - Click here to sign
<p>REMARKS</p> <p>**If you initialled "Yes" for experimenting with marijuana on page 1 a brief statement is required here. The statement needs to include:</p> <ol style="list-style-type: none"> 1. How many times you experimented with marijuana 2. When was the last date used 3. Why you stopped <p>Any marijuana use of 6 or more times will require a waiver.</p> <p style="color: red; text-align: center; margin-top: 100px;">The area below is left blank until actual accession. Please do not fill for prequalification.</p>		
SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT		INITIALS
I have read and fully understand all the information on this form.		
I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.		
I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.		
DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
WITNESS		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE		
PRIVACY ACT STATEMENT		
<p><i>AUTHORITY: Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (SSN), as amended.</i></p> <p><i>PURPOSE: To determine enlistment/commissioning eligibility, and process qualified applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefits/entitlements.</i></p> <p><i>ROUTINE USES: Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act outside the DoD as a routine use. 'Blanket Routine Uses' apply.</i></p> <p><i>DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/commissioning application.</i></p>		
SECTION I. DEFINITION OF TERMS		
<p>ADVERSE ADJUDICATION: An adverse adjudication (<i>adult or juvenile</i>) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.</p> <p>AIR FORCE: Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.</p> <p>ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol. NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.</p> <p>DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.</p> <p>ILLEGAL DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but not limited to: cocaine, crack, hallucinogens, (<i>to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others</i>), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (<i>paint, glue, and others</i>), amphetamines (<i>speed</i>), methamphetamines (<i>ice</i>), barbiturates(<i>downers</i>) and anabolic steroids.</p> <p>MARIJUANA:Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salviadinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatever name it may be called.</p>		
SECTION II. CERTIFICATION AT TIME OF APPLICATION		
<p>WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED. Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.</p>		
INITIAL YES/NO BOXES AS APPLICABLE	YES	NO
I have read and understand the definition of the terms above.		
Have you ever used or experimented with marijuana? (<i>Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.</i>)		
Have you ever experimented with, used, or possessed any illegal drug or narcotic?		
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		
SECTION III. STATEMENTS OF UNDERSTANDING		INITIALS
During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (<i>including marijuana</i>) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.		
Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (<i>including marijuana</i>) or any alcohol abuse as described above, FROM THIS DATE FORWARD , renders me ineligible for the Air Force.		
Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.		
I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.		
<p>KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.</p>		
DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE

WITNESS		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE Click here to sign
REMARKS		
<div></div>		
SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT		INITIALS
I have read and fully understand all the information on this form.		
I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.		
I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.		
DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
WITNESS		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE

Found at <https://w20.afpc.randolph.af.mil/afoqtsnet20/DODBanner.aspx>



**AIR FORCE
PERSONNEL CENTER**

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Air Force Officer Qualifying Test Scores

Test Results

This document contains information which must be protected IAW AFI 33-332 and DOD Regulation 5400.11. Privacy Act of 1974, as amended, applies and it is For Official Use Only (FOUO).

Today: JANUARY 25, 2008

Test Scores of APPLICANT, JOHNNY K.

Test Date	TCO	Form/Version	Pilot	Navigator	Acad Aptitude	Verbal	Quantitative
05 JAN 2008	123	ABCD	44	55	66	77	88

Note: The scores listed above are the only valid scores.

[Check another score](#)

NOTICE: For Security reasons close out all browsers when finished.

EXAMPLE

This contains information which must be protected IAW AFI 33-332 and DoD Regulation 5400.11; Privacy Act of 1974 as Amended Applies, and it is For Official Use Only (FOUO). It must be protected as privacy act information removed prior to further disclosure.

OFFICIAL TRANSCRIPT
ISSUED TO STUDENT
IN SEALED ENVELOPE

TRANSCRIPT

Name: JOHNNY APPLICANT

Social Security No.: 123-45-6789

Student ID No 123456

Date of Birth: June 12, 1984

Degree: Bachelor of Arts

Degree Date:

Class:

Major 1:

Concentration 1:

Minor 1:

Major 2:

Concentration 2:

Minor 2:



(F2Z) Fall II 2005 (cont.)							(UIT) Summer 2006						
Total		Total		Grade	Grade		CJ350	Criminal Justice Mgt & Planning		3.00	A		
Earned	Earned	Applied	Pt Hrs	Points	GPA		Total	Total	Grade	Grade			
ses	6.00	3.00	6.00	3.00	12.00	4.000	Earned	Applied	Pt Hrs	Points	GPA		
cum	107.00	36.00	107.00	36.00	141.00	3.916	ses	3.00	3.00	3.00	12.00	4.000	
							cum	119.00	45.00	119.00	45.00	177.00	3.933
(F2T) Fall II 2005							(F1T) Fall I 2006						
CJ313		The Law of Evidence		3.00	A		CJ400		Constitutional Law in Crim Just		3.00	A	
Total	Total	Grade	Grade				Total	Total	Grade	Grade			
Earned	Earned	Applied	Pt Hrs	Points	GPA		Earned	Applied	Pt Hrs	Points	GPA		
ses	3.00	3.00	3.00	3.00	12.00	4.000	ses	3.00	3.00	3.00	12.00	4.000	
cum	110.00	39.00	110.00	39.00	153.00	3.923	cum	112.00	48.00	189.00	3.937		
(S1Z) Spring I 2006							(F2T) Fall II 2006						
CS219		Programming Fundamentals		3.00	A		CJ450		Senior Seminar in Criminal Just		3.00	A	
Total	Total	Grade	Grade				Total	Total	Grade	Grade			
Earned	Earned	Applied	Pt Hrs	Points	GPA		Earned	Earned	Applied	Pt Hrs	Points	GPA	
ses	3.00	3.00	3.00	3.00	12.00	4.000	ses	3.00	3.00	3.00	12.00	4.000	
cum	113.00	42.00	113.00	42.00	165.00	3.928	cum	125.00	51.00	125.00	51.00	201.00	3.941
(S2Z) Spring II 2006							(S1T) Spring I 2007						
Transfer from DANTES							SD302		The Study of the Family		3.00	A	
SG483		The Civil War & Reconstruction		3.00	TR		SD315		Minority Group Relations		3.00	A	
Total	Total	Grade	Grade				Total	Total	Grade	Grade			
Earned	Earned	Applied	Pt Hrs	Points	GPA		Earned	Earned	Applied	Pt Hrs	Points	GPA	
ses	3.00	0.00	3.00	0.00	0.00	0.000	ses	6.00	6.00	6.00	24.00	4.000	
cum	116.00	42.00	116.00	42.00	165.00	3.928	cum	131.00	57.00	131.00	57.00	225.00	3.947

OFFICIAL TRANSCRIPT
ISSUED TO STUDENT
IN SEALED ENVELOPE

TRANSCRIPT

Name:

Social Security No.:
Date of Birth:

Student ID No.

Degree:

Major 1:

Major 2:

Degree Date:

Concentration 1:

Concentration 2:

Class:

Minor 1:

Minor 2:



----- (S12) Spring I 2007 -----

***** TRANSCRIPT TOTALS *****

Transfer from DAVIES

	Total	Earned	Applied	Pt Hrs	Grade	Points	GPA	TRFR	Earned	Applied	Pt Hrs	Grade	Points	GPA
SE495 Drug & Alcohol Abuse	3.00	TR							60.00	60.00	60.00	60.00	237.00	3.950
SF531 Organizational Behavior	3.00	TR							60.00	60.00	60.00	60.00	237.00	3.950
SGS30 Human Resource Management	3.00	TR							60.00	60.00	60.00	60.00	237.00	3.950
Total									83.00	83.00	83.00	83.00	237.00	3.950
Earned	9.00	0.00	9.00	9.00	9.00	9.00	9.00	9.00	143.00	143.00	143.00	143.00	237.00	3.950
cum	140.00	57.00	140.00	57.00	57.00	57.00	57.00	57.00	143.00	143.00	143.00	143.00	237.00	3.950

EXAMPLE

----- (U12) Summer 2007 -----

	Total	Earned	Applied	Pt Hrs	Grade	Points	GPA
CJ440 Internship in Crim	3.00						
Total							
Earned	3.00	3.00	3.00	3.00	3.00	12.00	4.000
cum	143.00	60.00	143.00	60.00	237.00	237.00	3.950

Degree: Bachelor of Science

Awarded: 07/29/2007

Major: Crim Justice Admin

<----- *Designation of degree and date awarded is required on transcript

*No online transcript printouts accepted

*All transcripts are required in order to determine qualification of AFSC

----- Accomplishments Thgh 2007 -----

07/29/07 Summa Cum Laude

12/18/04 Dean's List

RECORD OF DISENROLLMENT FROM OFFICER CANDIDATE - TYPE TRAINING				DATE SUBMITTED	
TO: <i>(Appropriate agency of the service concerned) (Include Zip Code)</i>			FROM: <i>(Appropriate agency of the service concerned) (Include Zip Code)</i>		
SECTION I - IDENTIFICATION INFORMATION ON STUDENT AT TIME DISENROLLED					
1. LAST NAME - FIRST NAME - MIDDLE INITIAL		2. RATE OR GRADE	3. BRANCH OF ARMED FORCES	4. FILE OR SERVICE NUMBER	5. SOCIAL SECURITY NUMBER
6. BIRTH	a. DATE	b. PLACE			7. SEX
8. HOME OF RECORD ADDRESS			9. OTHER		
SECTION II - PROGRAM INFORMATION APPLICABLE AT TIME DISENROLLED					
10. TRAINING STATION ADDRESS		11. TYPE OF PROGRAM <i>(OCS, ROTC, Academy, NavCad, etc.)</i>		12. SPECIFIC TYPE OF TRAINING <i>(Supply, Pilot training, Bombardier, Infantry, Artillery, etc.)</i>	
13. DATE ENTERED PROGRAM		14. DATE DISENROLLED		15. DATE SCHEDULED FOR COMMISSION <i>(If training had been completed successfully)</i>	
SECTION III - REASONS AND CIRCUMSTANCES FOR DISENROLLMENT					
SECTION IV - EVALUATION TO BE CONSIDERED IN THE FUTURE FOR DETERMINING ACCEPTABILITY FOR OTHER OFFICER TRAINING					
1. <input type="checkbox"/> HIGHLY RECOMMENDED 2. <input type="checkbox"/> RECOMMENDED AS AN AVERAGE CANDIDATE 3. <input type="checkbox"/> SHOULD NOT BE CONSIDERED WITHOUT WEIGHING THE "NEEDS OF THE SERVICE" AGAINST THE REASONS FOR THIS DISENROLLMENT 4. <input type="checkbox"/> RECOMMENDED IF PHYSICAL DEFECTS ARE CORRECTED OR IF SUCH DEFECTS ARE NOT DISQUALIFYING FOR OTHER PROGRAMS 5. <input type="checkbox"/> DEFINITELY NOT RECOMMENDED 6. <input type="checkbox"/> OTHER REMARKS					
REMARKS					
TYPED NAME AND GRADE			SIGNATURE		

CERTIFICATE
OF
AIR FORCE
ROTC
(RESERVE OFFICER
TRAINING CORPS)

PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

Johnny K. Applicant April 10, 2012

DISCLOSURE IS VOLUNTARY: However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.

PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

DISCLOSURE IS VOLUNTARY: However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.



USE UNIT LETTERHEAD

19 July 2014

MEMORANDUM FOR SELECTING OFFICIALS

FROM: YOUR WING INFORMATION PROTECTION REP OFFICE SYMBOL

SUBJECT: Verification of Security Clearance Information – SSgt Iwanna Fly

1. As of the date of this memorandum, I have verified the above individual does have a valid security clearance. No security administrative actions are currently pending, initiated or being completed on the individual that could affect the processing of an SSBI. If additional information concerning security clearance information is required, please request an authorized user of the Joint Personnel Adjudication System (JPAS) to conduct a current review of JPAS if there is any reason to believe this information may have changed.
2. Please note, my signature on this memo reflects the review of the most current information reflected in the JPAS system as of the date of this memo. Please feel free to contact me at email address, DSN#, or Commercial # to discuss this security clearance verification.

I. M. SECURITY, MSgt, DCANG
Wing Information Protection Representative

Air Force Surgeon General

ASIMS Web
Individual Medical Readiness Status
APPLICANT.JOHNNY.K.1234567890
ANG
EMAIL: johnny.applicant@ang.af.mil

Action List
(Nothing due)

Immunizations			
Immunization	Series	Date	Next Due
Hep A	2	2 Oct 1999	
Influenza	13	22 Nov 2011	1 Sep 2012
MMR	1	1 Jan 1985	
Polio	1	1 Mar 1995	
Td	4	12 Jul 2009	12 Jul 2019

DD2766
View Worksheet

EXAMPLE

ENSURE
YOU
ARE
CURRENT

Medical Readiness										
		Overall Status:		Current						
PHA		Dental		Labs		Profile		Med Equipment		Other
Current		Current		Current		Ready		Current		
Health Assessment:	27 Apr 2011	Dental Class:	1	Blood Type:	O	Restriction:	No	GMI Required:	No	ANAM Date:
Interval History:	27 Apr 2011	Dental Date:	28 Feb 2012	RH:	Positive	Release Date:	1 May 2012			
DD2766 Review and Update:	25 May 2011			Sickle Cell:	Negative					
Provider Review/Signature:	25 May 2011			G6PD:	Normal		AF469			AF422a
Last In-Person Visit:	-			HIV Date:	24 May 2011					
				DNA:	On File					

Deployment Health Assessments					
Form	Form Date	Deploy Date	Return Date	Closed Date	
No deployment health assessment forms.					

For More Information Contact

Report of Individual Fitness for: SSG JOHNNY APPLICANT
SSAN: XXX-XX-6789

[Click here to print](#)

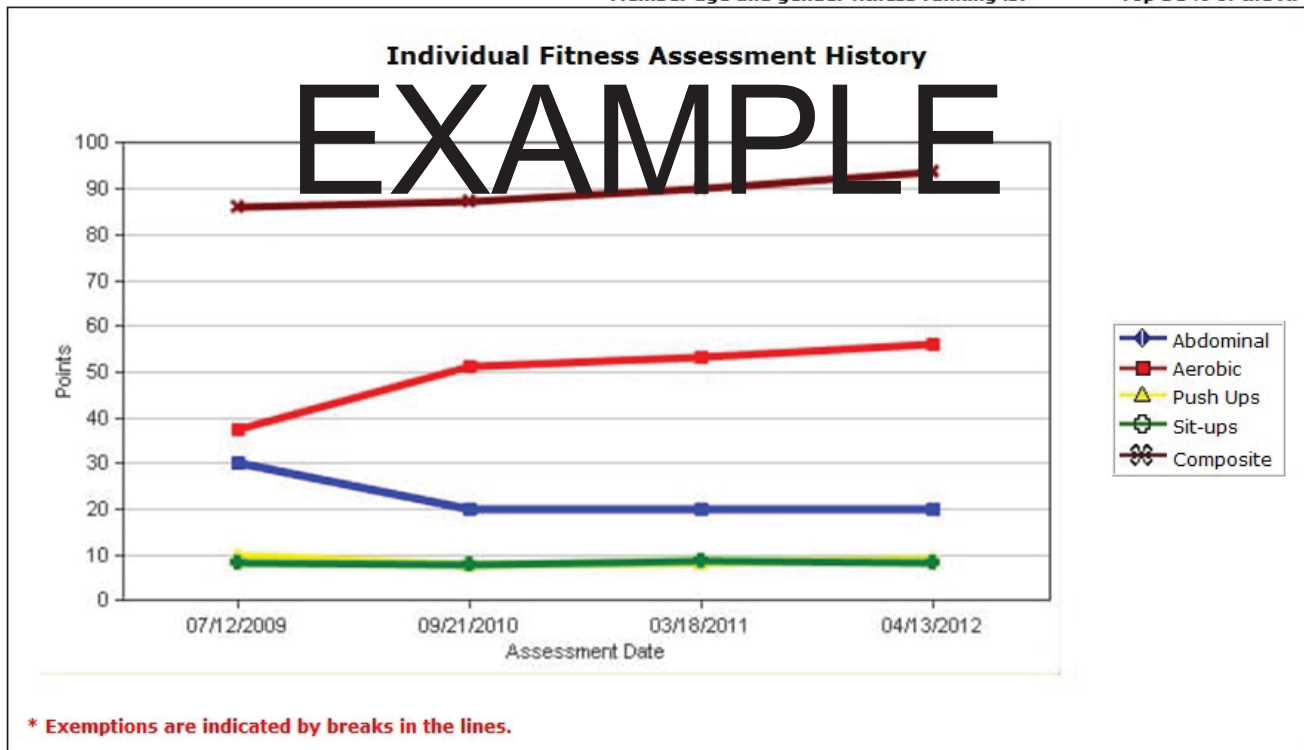
ANG READINESS

Pascode: AB1CDE2 Prepared on: 04/27/2012 at 12:06 GMT

Age	Gender	Height	Weight	BM
27	M	72"	190.0 lbs	11 kg/m
		Score	Points	Max Points
1.5 Mile Run		35	56.00	60.00
Abdominal Circumference		30"	20.00	20.00
Push Ups		45	9.20	10.00
Sit-ups		44	8.50	10.00
Test entered/changed by: FACILITATOR			Total Points 93.7	100.00
Exemption Type:		Next test due date: 04/30.2013	Fitness Level	Excellent

Member Air Force fitness ranking is:
Member age and gender fitness ranking is:

Top 50% of the AF
Top 50% of the AF



Individual Test History

Name: JOHNNY APPLICANT

Rank: SSG Unit: ANG

SSAN: XXX-XX-6789

Test Date	Cardio Results	Abdominal Circumference (in)	Push Ups	Sit-Ups	Composite Score	Fitness Level	Test Entered By
04/13/2012	35/56	30	45	44	93.7	Excellent	FACILITATOR

PRINT AND INCLUDE ALL PAGES, NOT JUST FIRST PAGE. May be more or less than 8, this is an example.
Found at AF Portal > Virtual MPF > Record Review/Update > View/Print All Pages.

Personal Information – Print All Pages

Page 1 of 8

NAME: JOHNNY K APPLICANT RANK: SSG SSAN: 123-45-6789 DATE: 24 APR 2012

INDIVIDUAL INFORMATION

MARITAL STATUS: MARRIED

PERSONAL EMAIL ADDRESS:

JOHNNYAPPLICANT@GMAIL.COM

DUTY EMAIL ADDRESS:

JOHNNYAPPLICANT@ANG.AF.MIL

HOME PHONE: 123-456-7890

HOME ADDRESS:

1234 APPLE DRIVE

CITY, ST 12345

MAILING ADDRESS:

1234 APPLE DRIVE

CITY, ST 12345

SEX: MALE

RACE: ASIAN, NATIVE HI/PACIFIC ISL

HISPANIC DECLARATION: NOT HISPANIC OR
LATINO

ETHNIC GROUP: ASIAN

RELIGIOUS PREFERENCE: NO RELIGIOUS PREFERENCE

DATE OF BIRTH: 12 JUN 1984

PLACE OF BIRTH: CALIFORNIA

CITIZENSHIP: BY BIRTH IN UNITED STATES

WEIGHT MANAGEMENT:

EFFECTIVE DATE:

N/A

UNFAVORABLE INFORMATION FILE: NO UIF

CONTROL ROSTER: NOT ON CONTROL ROSTER

CONSENT TO RELEASE:

THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED
IAW AFI 33-322 AND DOD REGULATION 5400.11.
PRIVACY ACT OF 1974, AS AMENDED, APPLIES.

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(OPRS)